

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10588107		FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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18							68						
19							69						
20							70						
21	1		1				71						
22							72						
23							73						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	58	←	67	←		←
TOTAL CLAIMS							TOTAL CLAIMS	60		70			

PTO - 1360 (REV. 11/04)

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